

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATE OF INSURANCE

SUPPORTING DOCUMENT

DE-INS

APPLICANT: Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. Insurance must be in the name of the individual license holder. The comprehensive, commercial general liability insurance must be in the name of the individual licensee.

1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)
GEORGE BISH

2. DATE OF BIRTH

Month Day Year

3. SOCIAL SECURITY NUMBER

4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)

5. NEW APPLICANTS ONLY

REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

PRIVATE ALARM CONTRACTOR

1 2 4

Profession Name

Profession Code

6. MAIDEN OR GIVEN SURNAME

7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY - Record each individual license number you hold under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.

115 -

119 -

124 - 4001917

191 -

8. TELEPHONE NUMBER (where you can be reached during the day-time)

Area Code ()

Under penalties of perjury, I declare that I have examined the policy and this completed form and to the best of my knowledge, the statement is true, correct, and complete.

02/21/2017

Signature of Applicant/Licensee

Date

INSURANCE COMPANY/INSURANCE PRODUCER: Complete the following information and return the form to the applicant licensed under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.

A. NAME OF INSURANCE COMPANY

MARSH USA INC

B. NAME OF AUTHORIZED AGENCY/PRODUCER

Juanita Mahaffey

C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE

3560 Lenox Road, Suite 2400,
Atlanta, GA 30326

D. NAME AND ADDRESS OF AGENT'S BUSINESS: STREET, CITY, STATE, ZIP CODE

3560 Lenox Road, Suite 2400
Atlanta, GA 30326

E. INSURED'S POLICY NUMBER

F. TITLE OR TYPE OF POLICY

GENERAL LIABILITY

G. AGENT'S BUSINESS TELEPHONE NUMBER

Area Code (401) 995 3174

H. EFFECTIVE DATE OF POLICY

09 / 15 / 2016

Month Day Year

I. EXPIRATION DATE OF POLICY

09 / 15 / 2017

Month Day Year

The comprehensive commercial general liability insurance policy, with proof of a minimum of \$1,000,000 of liability insurance, must include coverage for bodily injury liability, property damage and personal injury. If the licensee carries a firearm in the course of duty, coverage must extend to claims for injury or damage resulting from the use of firearms while acting in the course of employment. Additionally, if the licensee serves as the licensee in charge of an agency, and the licensee in charge of that agency permits anyone associated with it to carry a firearm, then coverage must extend to claims for injury or damage resulting from the employee's use of firearms while acting in the course of employment. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements and provides liability coverage for the licensee's operations in the State of Illinois and statements made here are true, correct and complete. If this policy is terminated prior to expiration, the insurer agrees to provide written notice to the Department of Financial and Professional Regulation thirty (30) days prior to cancellation.

02/21/2017

Signature of Agent

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 Atlanta, GA 30326 Attn: Atlanta.Certrequest@marsh.com 605106-Cas-16-17	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED MasTec, Inc. 800 Douglas Road Penthouse Coral Gables, FL 33134	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : ACE American Insurance Company		22667
	INSURER B : N/A		N/A
	INSURER C : N/A		N/A
	INSURER D : N/A		N/A
	INSURER E : N/A		N/A
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:**

ATL-004150773-01

REVISION NUMBER:2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X SIR: \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			09/15/2016	09/15/2017	EACH OCCURRENCE \$ 1,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ SELF INSURED PERSONAL & ADV INJURY \$ 1,750,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDERDepartment of Financial and
Professional Regulation
Attn: Accounts Receivable
PO Box 7086
Springfield, IL 62791**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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